



Accounts Payable Department  
1800 N. Brazosport Blvd. N.  
Richwood, TX 77531  
979-265-2082

### AUTHORIZATION FOR ACH DEPOSIT OF VENDOR PAYMENT

Payee/Vendor Name \_\_\_\_\_  
Address Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Contact e-mail \_\_\_\_\_

Complete this section for **new enrollments** or for **financial institution** or **account changes**.

Select one: ☐ New Enrollment ☐ Financial Institution or Account Change

Bank Name \_\_\_\_\_  
Branch (if applicable) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Transit/Routing Number \_\_\_\_\_  
Bank Account Number \_\_\_\_\_

Account Type (check one) ☐ Checking Account ☐ Saving Account

I, the undersigned, authorize City of Richwood. to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the financial institution named above to post these transactions to that account. This authorization will remain in force until City of Richwood receives written notice of cancellation from me. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_ Title \_\_\_\_\_

Complete this section to cancel your ACH electronic deposit authorization.

I, the undersigned, hereby cancel the authorization for City of Richwood to originate ACH electronic deposit entries into my checking/savings account. This cancellation is effective as soon as City of Richwood has reasonable time to act upon it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_ Title \_\_\_\_\_

Mail the completed form to the address above, or email to [lpac@richwoodtx.gov](mailto:lpac@richwoodtx.gov) or fax at 979-265-7345

For office use only

Vendor Number \_\_\_\_\_ Date Received \_\_\_\_\_